2001 UNIFORM BUSINESS REPORT (UBR)

4/3(DOCUMENT # **N27209** Secretary of State 1. Entity Name 04-30-2001 90450 015 ****61.25 NAVY JACKSONVILLE YACHT CLUB, INC. Principal Place of Business Mailing Address % COMMODORE % COMMODORE P.O. BOX 29 P.O. BOX 29 JACKSONVILLE FL 32212 JACKSONVILLE FL 32212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SP. City & State City & State 4. FEI Number 59-2896605 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Ag Name Richard E- Acristaing Street Address (P.O. Box Number is Not Acceptable) BLYTHE, ROBERT L. 3846 O'RIELY DR. E. 4055 P. 200 RUN JACKSONVILLE FL 32210 City Middleburg 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. KicHAID ARMS Thong DATE \$5.00 May Be FILE NOW: 9. Election Campaign Financing Make Check Pa Trust Fund Contribu ion. Added to Fees FEE IS \$61.25 Department of 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRE PDT TITLE N Delete TITLE PD BLYTHE, ROBERT L NAME Patrick Mizzen 3846 ORIELY DR E STREET ADDRESS STREET ADDRESS 1840 SHERWISDDL JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-71P Middleburg FL 3-668 TETLE X Defete TITLE BÖATRIGHT, WILLIAM NAME NAME DOW HOMERSON **5034 HAVENWOOD OAKS TREE** STREET ADDRESS STREET ADDRESS THEKSONVILLE PL STOUT CITY-ST-ZIP JACKSONVILLE FL 3224-331 CITY-ST-ZIP DS TITLE Delete TITL F STEEL. BARBARA NAME NAME ALISHA-KAL R.MMS 311 D Haven NU STREET ADDRESS 559 THOMAS STONE ST. STREET ADDRESS CITY-ST-Z#P JACKSONVILLE FL 32023 CITY-ST-ZIP GREEN COVE SPEINIS DT TITLE Delete TITLE BLYTHE, CONNIE NAME NAME RI HARD ARMSTRONG STREET ADDRESS 3846 ORIELY DR E STREET ADDRESS 4055 PINO RU CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP Di Delete TITLE PERRY, STALEY NAME NAME JEFFERY WEST STREET ADDRESS 936 LAMBOLL AVE. STREET ADDRESS 3553 CALMOUS AME ORANGE, CITY-ST-ZIP City-St-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for he exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

KENT LECKELT

465 Sam Rabak

GRANTE PARK

🛛 Delete

JACKSONVILLE FL 32205

1628 TWIN OAKS DR. E.

MIDDLEBURG FL 32073

MIZZEN, PARTICK

DT

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O I DIRECTOR		Date	Daytime Phone #	
SIGNATURE:	Richard aumstrony	Richard ArmsTang	4-16-01	542.2568	x 148

Jun 05, 2001 8:00 am

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